

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 or each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 77

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Mike Honda for Congress

|                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Brenna Bolger</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 511<br>City San Jose State CA Zip Code 95103<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer PRx Occupation Owner<br>Receipt For: 2004 Election Cycle-to-Date ▼<br>Primary X General<br>Other (specify) ▼ 250.00                                              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 01 2004<br>Transaction ID: C10451<br>Amount of Each Receipt this Period<br>250.00<br>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))  |
| <b>B. Lee H. Brandenburg</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1122 Willow Street Suite 200<br>City San Jose State CA Zip Code 95125<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Brandenburg Properties Occupation Partner<br>Receipt For: 2004 Election Cycle-to-Date ▼<br>Primary X General<br>Other (specify) ▼ 2000.00   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 01 2004<br>Transaction ID: C10434<br>Amount of Each Receipt this Period<br>2000.00<br>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) |
| <b>C. Marissa B. Castro-Salvat</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 219 N. Kingsley Drive<br>City Los Angeles State CA Zip Code 90004<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer So. Cal. Edison Occupation Deputy Director<br>Receipt For: 2004 Election Cycle-to-Date ▼<br>Primary X General<br>Other (specify) ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 15 2004<br>Transaction ID: C10509<br>Amount of Each Receipt this Period<br>250.00<br>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))  |

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶